

Personal Information Form



Instructions: Please complete this form to obtain a Division of Fire Safety Identification number (DFSID). Once your personal information has been entered into the DFS computer system you will receive a DFSID number in the mail within 10 business days. Persons with changes to their personal information need only provide their DFSID number and the changed information. Complete instructions are on the back of this form.

Please check one choice:

- ☐ New Applicant
☐ Update ID Number

For Official Use Only

Section 1

SSN Number:

Name:

Address:

City, State, Zip:

County:

Telephones: Home:

Work:

Cell:

Fax:

Email:

Date of Birth:

Career FD Name:

Career FDID Number:

Volunteer FD Name:

Volunteer FDID Number:

Received: _____

Entered: _____

By: _____

Section 2

Gender: ☐ Male

☐ Female

Race:

(Use Codes on 2nd Page)

Certified EMT? ☐ Check if 'Yes'

I do hereby certify that the foregoing statements made by me are true, and give the Division of Fire Safety permission to change my personal information to reflect the changes indicated on this form.

Signature: _____ Date: _____

Personal Information Form Instructions

Section

1. Enter your Social Security Number (SSN) and six digit Firefighter Identification Number (FFID) if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.

Please type or print clearly on the form. Provide your name, home address, county where you reside, contact telephone numbers, email, date of birth, and the career and/or volunteer fire department where you are a member. Leave the FDID number blank if you do not know the number. Please do not use your fire department address as your home address.

2. Please indicate your gender, race (using the codes provided below), and whether you hold a valid Emergency Medical Technician (EMT) certification issued by the NJ Department of Health.

Use the following code numbers to indicate your race/national origin which best applies to your ancestral heritage. (**Providing this information is voluntary.**)

<u>Code</u>	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

The form must be signed and dated. Forward the "Personal Information Form" to:

CONTACT INFORMATION

Questions concerning fire service certifications, training requirements and application procedures should be directed to the staff of the **Office of Training and Certification** from 8:30 a.m. to 4:30 p.m., Monday through Friday.

Training Program Contact Numbers:

Main Number: (609) 777-3552

Training Fax Number: (609) 341-3469

Training Email: kent.neiswender@dca.nj.gov

MAIL ADDRESS

Office of Training and Certification
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809

DOWNLOAD CERTIFICATION APPLICATION FORMS

<http://www.nj.gov/dca/divisions/dfs/forms/>